

GAP/GHP Systems Audit Checklist and Score Sheet

Facility Name:			
Street Address:	City:	State:	Zip:
Date Audit Requested:		Date Audit Begun:	Date Audit Completed:
		Time Audit Begun:	Time Audit completed:

EVALUATION ELEMENTS

Element	Possible Points	Less N/A Points	Adjusted Points	Passing Score ¹	Facility Score	Pass or Fail	Date Passed
General Questions	170						
Part 1 – Farm Review	150						
Part 2 – Field Harvesting & Field Packing Activities	90						
Part 3 – House Packing Facility	215						
Part 4 – Storage and Transportation	125						
Part 5 – Traceback	60						

¹A Passing Score is 70% of the Possible Points or the Adjusted Points, if adjustment is necessary.

Commodities Reviewed:							

Auditor Name/Signature: (Print) _____ **(Sign)** _____

The undersigned Facility representative agrees -to **p**---not to **p**- have the company Name/Address and passed elements posted to a USDA website.

Sign: _____ **Date:** _____

Date of request to USDA for posting: _____ Date Posted: _____